

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|-------------------------|
| Date Of Report | 13/02/2019 16:24 |
| Date Of Accident | 11/01/2019 14:40 |
| Exact Location Of Accident | ALONG RIVER VALLEY ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | PA8445C |
| Insured/Policyholder | |
| Name Of Registered Owner | POO SEE YEOW BUS SERVICES PTE LTD |
| Co Reg No | 201530592E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98430003 |
| Alternative Phone No | OFFICE-91435662 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | MITSUBISHI |
| Model | ROSA-4.9 D L MT (M) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | BUS |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMB1SN3083561801 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ASMAWI BIN ASMAULLAH |
| NRIC No | S1699656D |
| Date Of Birth | 06/06/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/12/1988 |
| Driving Experience | 30 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98430003 |
| Fax Number | |
| Contact Number | OTHERS-91435662 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 63 WOODLANDS DRIVE 42 #01-23 |
| Postcode | 730603 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 10 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLN5895K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan

SKETCH PLAN

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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

POO SEE YEOW BUS SERVICES PTE LTD

No. 25A Hillview Ave
#05-12 Glendale Park
Singapore 689617

TELE FAX 6310 1979 HP 9843 0003
REG 291530592E

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A = PA8445C

B = SLN5895K



River valley Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/01/2019 @ 14:40hrs. I was driving my bus PA8445C along River valley Rd when there is a stationary car in front of me with hazard lights on. I was doing a lane switch when my bus front hit brushed onto SLN5895K.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

POO SEE YEOW BUS SERVICES PTE. LTD.

No. 25A Hillview Ave

#05-12 Glendole Park

Singapore 660613

Tel: 6344 1979 HP: 9843 0003

Reg. 201530592E

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/02/2019

Rafael Lim

ID

HEALTH CARD NO. S1099656D


Name: ASMAWI BIN ASMAULLAH

Race: MALAY

Date of Birth: 06-06-1965

Sex: M

Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1699656D

Name: ASMAWI BIN ASMAULLAH

Birth Date: 06 Jun 1965

Issue Date: 29 Nov 2014



Land Transport Authority


VOCATIONAL LICENCE

Licence No: S1699656D


Name: ASMAWI BIN ASMAULLAH

Issue Date: 27/6/2011

Please visit www.lta.gov.sg to check the status of this vocational licence



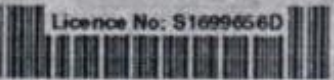
HP. 9143 - 5662.


 NRIC No: S1699656D
 Blood Group: A+ Date of Issue: 29-10-1994

1PT BLK 603 WOODLANDS DRIVE 42 #01-23
 SINGAPORE 730803
 NRIC No: S1699656D Date: 02-01-2003 No: 1667314


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


| | | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles \leq 200 cc | 12 Aug 1988 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 12 Aug 1988 |
| Class 3 | Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg | 29 Nov 1984 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg | 23 Dec 1988 |
| Class 5 | Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg | 30 Apr 1990 |

NP 428A
 Licence No: S1699656D


This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|-------------|------------|
| 02 | TAXI VL | 21/07/2004 |
| 03 | BUS VL | 16/11/1990 |



| | | | |
|---------------|---|---------------------------------|---|
| CHASSIS NO | : | BEG3DJF00120 |  |
| UNLADEN WT | : | 4020 | KG |
| MAX LADEN WT | : | 6020 | KG |
| PASSENGER CAP | : | 1 DRIVER | 23 OTHER |
| TYRE SIZE | : | (F) 205 / 85R16-117 / 115LT | |
| | | (R) 205 / 85R16-117 / 115LT (D) | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66500200 / GST Reg. No: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MWA45070314 Vehicle Registration No: PA 8465C
Name (as shown in NRIC) : ASMANI BIN ASMAUCCI NRIC/FIN/Passport No : S1699656D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 98430003
Email Address : _____
Date of Accident : 11/01/2019 Time of Accident : 14:40
Place of Accident : Along River Valley Road
Insurance Company : Chong Tin Pua

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME TO POO SEE YEW BUS SERVICES PTE LTD

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul L. Luffman
NRIC/FIN No.:
Date: 22/01/2019